

CLAIMS ONLY

Application Number

105252658

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--|--|--|--|--|
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | |
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| Total Indep | | | 10 | | | | Total Indep | | | | | |
| Total Depend | | | 20 | | | | Total Depend | | | | | |
| Total Claims | | | 30 | | | | Total Claims | | | | | |